



Transportation Network Company Application

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

Applicant's Name (Permit Holder): _____

Residence Address: _____ Zip: _____

Email Address: _____ Residence or Cell Phone: _____

Business Name: _____ Phone Number: _____

Business Address: _____

1. How many vehicles will be part of your business that you own? _____

2. Check business type: ☐ Sole Owner ☐ Corporation ☐ Limited Liability Company
 ☐ Partnership ☐ Association

3. The identification of the applicant and the business addresses of the applicant, all members of any firm, association or partnership, and of all principal shareholders, officers, directors, and managers of any corporation applying.

a. Name _____
 (First) (Middle) (Last) (Daytime Phone)

Residence _____
 (Street) (City) (State) (Zip Code)

Business _____
 (Street) (City) (State) (Zip Code)

b. Name _____
 (First) (Middle) (Last) (Daytime Phone)

Residence _____
 (Street) (City) (State) (Zip Code)

Business _____
 (Street) (City) (State) (Zip Code)

c. Name _____
 (First) (Middle) (Last) (Daytime Phone)

Residence _____
 (Street) (City) (State) (Zip Code)

Business _____
 (Street) (City) (State) (Zip Code)

4. Submit the following information regarding the individual who is authorized to represent the company in the capacity of a registered agent, and authorized to accept notices and tickets issued pursuant to this chapter

Registered Agent's Name (Permit Holder): _____

Residence Address: _____ Zip: _____

Email Address: _____

Residence or Cell Phone: _____ Business Phone Number: _____

----- If Business is a **Corporation**, Complete this Section -----

5. Name of corporation: _____

State of incorporation: _____ Date of incorporation: _____

(Attach copy of Certificate of Incorporation)

6. List the name with the number of shares and percentages held by each stockholder who holds 10% or more of the capital stock (attach additional sheet if needed):

----- If Business is a **Limited Liability Company**, Complete this Section -----

7. Name of Limited Liability Company: _____

State of organization: _____ Date of organization: _____

(Attach copy of Certificate of Organization)

8. List the names of all members and percentages of each LLC members interest.

Additional disclosures when corporation or LLCs are members may be required

9. Have you (applicant) or any members of any firm, association or partnership, or all principal shareholders, officers, directors and managers of any corporation applying, been convicted of a violation of any federal or state felony or, within the previous 12 months, have been convicted of violating any provision of this code or has ever had a certificate or permit issued under this article revoked or suspended? YES NO If yes, please explain:

10. Do you (applicant) or anyone listed in this application have any unpaid claims or unsatisfied judgments for damages resulting from the negligent operation of a transportation network service? YES NO If yes, please explain:

11. **As required under section 76-239(c), a schedule of the proposed fares for the transportation network company operation must be enclosed with this application.**

I agree to promptly report any changes in the information provided with this application and I understand that any and all changes of ownership or management and control of the business must be immediately submitted to the Director of the Neighborhoods and Housing Services Department (NHSD).

I agree to allow the Director of NHSD and/or authorized representatives to conduct necessary investigations into financial and possible criminal records at banks and police agencies respectively.

I will obey all laws, rules, regulations, and policies that govern transportation network companies, transportation network services, transportation network drivers and transportation network vehicles.

I will not allow transportation network drivers to utilize their transportation network service until the drivers have met all requirements of this chapter and are in good standing with the director.

I will not disable, eliminate or otherwise prevent access to the transportation network company's application by the licensing official or designees of the licensee's official for purposes of enforcing chapter 76 of the Code of General Ordinances of the city of Kansas City, Missouri.

I have familiarized myself with the provision of Chapters 70 and 76, Code of General Ordinances, City of Kansas City, Missouri and agree to comply with these provisions in the conduct of this business.

I, _____, being of lawful age and duly sworn upon my oath, declare that I have read the application and fully understand same and that I know the contents thereof and the answers and statements contained therein and the same are true.

SIGNATURE OF APPLICANT

DATE

OFFICE USE ONLY – DO NOT WRITE IN SPACE BELOW

-----INVESTIGATOR -----

Date Case Completed: _____

Application recommended for: ☐ Approval ☐ Disapproval Date: _____

Reason(s) for recommendation of disapproval of application / license (if any) _____

License recommended for: ☐ Approval ☐ Disapproval Date: _____

Regulated Industries Division investigator

-----INVESTIGATIONS SUPERVISOR -----

Application recommended for: ☐ Approval ☐ Disapproval Date: _____

License recommended for: ☐ Approval ☐ Disapproval Date: _____

Comments: _____

Regulated Industries Division investigations supervisor

-----ASSISTANT MANAGER -----

Application recommended for: ☐ Approval ☐ Disapproval Date: _____

License recommended for: ☐ Approval ☐ Disapproval Date: _____

Comments: _____

Regulated Industries Division assistant manager

-----MANAGER -----

This application & license is hereby ☐ Approved ☐ Disapproved

Comments: _____

Regulated Industries Division manager

Date

